

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14741**
Registrar's No. **253**

Registration District No. **132**

Primary Registration District No. **3021**

1. PLACE OF DEATH

(a) County **Grundy**
(b) City or town **Trenton**
(c) Name of hospital or institution **84 x E. E. Streets**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **66 years** (Specify whether years, months or days)
In this community **66 years**

3. (a) PRINT FULL NAME **ESTELLA B. Henley**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **R. H. Henley** 6. (c) Age of husband or wife if alive **16** years
7. Birth date of deceased **March 16, 1878** (Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **10** If less than one day **-** hr. **-** min.

9. Birthplace **Grundy County, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **P. W. Bain**
13. Birthplace **Grundy County, Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Angeline L. Bain**
15. Birthplace **Grundy County, Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **R. B. Henley**
(b) Address **1800 E. 1st St. Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-28-44** (Month) (Day) (Year)
(c) Place: burial or cremation **27 x A M. Smith Mo.**

18. (a) Signature of funeral director **R. B. Henley**
(b) Address **Trenton, Mo.**

19. (a) **4-27-44** (Date received local registrar) (b) **L. S. Roberts** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy**
(c) City or town **Trenton** (If outside city or town limits, write "RURAL")
(d) Street No. **84 x E. E. Streets** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26** year **1944** hour **9:15** minute **P** M.

21. I hereby certify that I attended the deceased from **about 1 year**, 19 **1943**, to **1944**, that I last saw her alive on **Apr 26**, 19 **44**, and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis** Duration **1 yr**

Due to **-**

Due to **-**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **-**

Of autopsy **-**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **-**
(b) Date of occurrence **-**
(c) Where did injury occur? (City or town) (County) (State) **-**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **-**

While at work? (Specify type of place) (c) Means of injury **-**

23. Signature **E. A. Daffy** (M. D. or other) **-**
Address **Trenton Mo** Date signed **Apr 27, 1944**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

My self
.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Regina A. Davis
.....
Licensed Embalmer No. *3424*

P. O. Address. *Greentown, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.